PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20=	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT		☐

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐		OR	OTHER THAN SMALL ENTITY	
RATE	FEE		RATE	FEE
BASIC FEE	385.00	OR	BASIC FEE	770.00
XS 9=		OR	XS18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL		OR	TOTAL	

CLAIMS AS AMENDED - PART II

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	* 19	Minus	** 21	=
Independent	* 4	Minus	*** 3	= 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
XS 9=		OR	XS18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

	RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
	XS 9=		OR	XS18=	
	X43=		OR	X86=	
	-145=		OR	+290=	
	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

	RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
	XS 9=		OR	XS18=	
	X43=		OR	X86=	
	+145=		OR	+290=	
	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FEE TRANSMITTAL

Application Number 10/010,934
Filing Date November 13, 2001
Inventor(s) Ann M. Nichols, et al.
Examiner Name Jimmy G. Foster
Attorney Docket Number KCC 4729.1 (K-C 16,210.1)

Art Unit 3728
Confirmation No. 8461

[ ] Applicant claims small entity status.

METHOD OF PAYMENT

[X] The Commissioner is hereby authorized to charge the indicated fees to Deposit Account No. 19-1345. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.

[ ] Check Enclosed. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.

FEE CALCULATION

1. [ ] BASIC FILING, SEARCH AND EXAMINATION FEES
        (Type: _____)   Subtotal (1) $_____

2. [X] EXCESS CLAIM FEES

    Total Claims 19 - 21 (HP) = 0 x Fee ___ = $0 _____
    Indep Claims 4 - 3 (HP) = 1 x Fee 200 = $200.00 _____
    Multiple Dependent Claims Fee $_____
    (HP = highest number of claims paid for)

                                        Subtotal (2) $200.00 _____

3. [ ] APPLICATION SIZE FEE

    Total Pages ____ - 100 = ____ + 50 = ____ x $250 = $_____
    (Application + Drawings)   (round up to whole #)

                                        Subtotal (3) $_____

4. [ ] OTHER FEE(S)

        [ ] _____ month extension of time
        [ ] Information disclosure statement
        [ ] 37 CFR 1.17(q) processing fee
        [ ] Non-English specification
        [ ] Notice of Appeal
        [ ] Filing a brief in support of appeal
        [ ] Request for oral hearing
        [ ] Other: _____

                                        Subtotal (4) $_____

TOTAL AMOUNT OF PAYMENT $200.00 _____
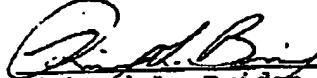
Richard L. Bridge, Reg. No. 40,529   4/8/05
Telephone: 314-231-5400   Date

RLB/tmg